

# Illinois State University Police Complaint Form

718 West College Ave  
Campus Box 9240  
Normal, IL 61790-9240

Telephone: (309)438-8631  
Fax: (309)438-3029

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*Illinois Compiled Statutes, section 720 ILCS 5/26-1, states it is a criminal offense for any person to knowingly furnish false information or to transmit false information to a public officer knowing there are no reasonable grounds that such offense has been committed.*

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**Complainant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

Street

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

City

State

Zip Code

Phone

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**Witness Names:**

**Address:**

**Phone:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Officers Involved:**

\_\_\_\_\_

Name

ID

\_\_\_\_\_

Name

ID

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**Location/Date/Time of Incident:**

\_\_\_\_\_

Location

\_\_\_\_\_

Date

\_\_\_\_\_

Time



STATE OF ILLINOS ) ss

COUNTY OF MCLEAN )

I, \_\_\_\_\_, being first duly sworn on oath, state that I have read the foregoing complaint and that the statements contained therein are true.

\_\_\_\_\_  
Signature of Complainant

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature Seal

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Officer Receiving the Complaint:

\_\_\_\_\_  
Officers Signature – Badge #                      Date                      Time